

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/06/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155159		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/04/2013	
NAME OF PROVIDER OR SUPPLIER SUMMIT CITY NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 2940 N CLINTON ST FORT WAYNE, IN 46805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post survey Revist (PSR) to the Investigation of Complaints IN00120966 and IN00120969 completed on 12/17/2012.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to a Recertification and State Licensure Survey completed on 1/17/13.</p> <p>Survey date: March 4, 2013</p> <p>Facility number: 000079 Provider number: 155159 AIM number: 100266160</p> <p>Survey team: Tim Long, RN, TC Carol Miller, RN Rick Blain, RN</p> <p>Census bed type: SNF/NF: 71 Total: 71</p> <p>Census Payor type: Medicare: 10 Medicaid: 59 Other: 2</p> <p>Summit City Nursing and Rehabilitation was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the PSR to Recertification and State Licensure Survey and the PSR to the Investigation of Complaints IN00120966 and IN00120969.</p> <p>Quality review completed on March 5, 2013 by Randy Fry RN.</p>			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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